REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

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WHO'S PUTTING SUCCESS TO WORK?

After results of the Navrongo Community Health and Family Planning Project (CHFP) were disseminated demonstrating the feasibility of reorienting health care at the periphery, the experiences and lessons of the experiment reinforced the Ministry of Health's commitment towards community-based health service delivery through the replication and adaptation of innovative approaches. All key policymakers were in favour of replication and expansion of the Navrongo experience but critical concerns were raised over the practicality of scaling up Navrongo nationally. Nkwanta district in the Volta Region took up the challenge and successfully replicated the CHFP thereby demonstrating, quite convincingly, that utilization of the experiment, with local resources, was feasible in other districts of the country. At the first consultative conference in September 1998, to discuss the Navrongo community health strategy, Nkwanta District shared its experiences in replicating Navrongo and showed the way forward in reorienting health care delivery at the periphery.

By the next National Dissemination Forum in October 1999 the various directorates of the Ministry had agreed that the effort to coordinate the replication of Navrongo countrywide would be known as the Community-based Health Planning and Services 'CHPS' Initiative.

Dr. John Koku Awoonor-Williams dared to subject experimental findings to a rigorous test

But who's interested in history?

Nkwanta was not just the first district to replicate Navrongo. Some say its achievements go beyond mere replication. Nkwanta has been an innovator in CHPS service strategies since 1998. By the end of 2004, it will complete the implementation of CHPS in 18 zones, covering the entire district population. How did Nkwanta achieve this? First— tidbits on the district.

CHO Margaret Asemsro providing door-to-door family planning counselling

Nkwanta is the Volta region's largest and most deprived district. Its residents, numbering over 187,000, are spread over 5,500 square kilometres, more than three times the size of Kassena-Nankana District which has an equally large population. It lacks adequate medical coverage and its inhabitants suffer a high rate of communicable and childhood diseases. Maternal and infant morbidity and mortality levels are high. Residents have no access to potable water, endure poor transport and communication facilities—its laterite track route is impassable at the height of the rainy season, depriving many villages access to crucial health care. And as if woes never come singly, the vast district is served by a single physician. Faced with a multi-faceted challenge under the circumstances, the District Health Management Team (DHMT) sought innovative and sustainable solutions by putting success to work. This approach follows very basic principles that all districts can also use.

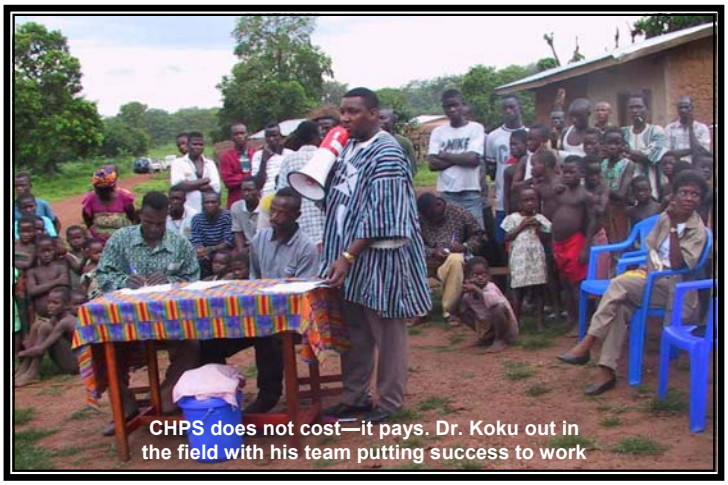
- **Staff leadership and consensus.** The District Director, Dr. John Koku Awoonor-Williams visited Navrongo as early as 1998. While he learned about Navrongo in a personal way, he did not stop there. He developed team leadership for CHPS: the DHMT was familiarized with CHPS and came to Navrongo to see the programme in action. Dr. Awoonor-Williams just kept coming till he got it right. Then, supervisors were trained in CHPS leadership. Once the supervisory staff was trained, there was a focus on identifying two CHO who could be peer leaders of other CHO by making the programme work in a zone that could be a practical training ground for other CHO.

- **Community leadership.** Once a leadership team was developed, community leadership was nurtured, first through outreach to chiefs, elders, and community leaders—the crucial 'community entry stage of CHPS'. But, the Nkwanta team did not stop at community entry. They focused attention on getting CHPS started in two zones—concentrating on practical issues of getting existing community resources mobilised for CHPS. Rather than waiting for external resources, the team focused on building a demonstration of CHPS that used local resources. Once a community made the decision to start CHPS, services were started even in the absence of equipment, facilities, or resources to supplement budgets.

- **Putting success to work.** In Nkwanta, success is used to generate success. Communities promote CHPS by showing CHPS' success to other communities. There was no external assistance—just good evidence to guide the development strategies and a programme for communities that were making progress.[1] The Navrongo approach was changed in response to lessons learned. For example, the chieftaincy system in Nkwanta is diffuse, owing to the many ethno-linguistic groups in the locality, and the fact that as many as five chiefs might have crucial roles in a given community. To build cohesive community leadership, the Nkwanta team has had to work more closely with secular leaders, grass-roots politicians, and faith-based groups than was the case in Navrongo. Also, certain diseases, like guinea worm are major problems in the locality, requiring special training for CHO, and attention within community mobilization work. While the leadership team was oriented to CHPS in Navrongo, most of the training took place in communities where CHPS was working, and most community action was generated by having communities lead other communities.

This model of action-through-doing is a model for CHPS that involves "putting success to work".

Koku is ubiquitous across the district. But he is not the only person involved in the philosophy of putting success to work. Other members of his team include: Issaka Adamu, Field Supervisor and Community Mobiliser; Stella Anku, CHPS Coordinator; Gifty Sunu, District Public Health Nurse; Pamela Quaye, Field Supervisor & EPI Coordinator; and Nutifafa Glover, Research Coordinator.



CHPS does not cost—it pays. Dr. Koku out in the field with his team putting success to work

When asked how much it costs Nkwanta to roll out CHPS, Koku retorts, '**CHPS doesn't cost – it pays'!**

[1] *What works? What fails?* readers can get the Nkwanta story in detail in the new series *Putting Success to Work.* It is available on the PPME CD ROM that is circulated to DHMT every 90 days. All issues are available by clicking the "Nkwanta" button on the opening display.

Send questions or comments to: What works? What fails?
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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant of the Vanderbilt Family to the Population Council.